

Fair Hearing

Fair Hearing According to Title 22, Section 50951:

Applicants or beneficiaries shall have the right to a state hearing if dissatisfied with any action or inaction of the county department, the department of health services or any person or organization acting in behalf of the county or the department relating to medical eligibility or benefits....

**Authorization of Services
Through the Fair Hearing Process**

Services can be authorized through the Fair Hearing process in two ways:

1. a conditional withdrawal; or
2. a granted decision.

Conditional Withdrawal

A conditional withdrawal can be offered to the beneficiary upon receipt of additional information from either the beneficiary or the dentist. If the beneficiary agrees to the conditions of the withdrawal, a pink authorization letter is mailed to him/her. The beneficiary may then take the authorization to the Denti-Cal provider of his/her choice. The treating provider must meet the following requirements in order to be paid for services provided:

1. Be an enrolled Denti-Cal provider
2. Verify the patient's eligibility
3. Provide ONLY the service(s) authorized within the 180 days of the date on the letter
4. Submit a claim for payment within the authorization period. The claim must include the original pink authorization letter bearing the original signature. Mail the claim for payment to:

**Denti-Cal Program
P. O. Box 13898
Sacramento, CA 95853
ATTENTION: FAIR HEARINGS**

Granted Decision

If an administrative law judge determines a denied service should be authorized, the judge will issue a GRANTED DECISION. Through the action, the beneficiary is authorized to take the decision to the Denti-Cal provider of his/her choice to receive services.

1. Be an enrolled Denti-Cal provider
2. Verify the patient's eligibility
3. Provide ONLY the service(s) authorized in the "ORDER" section of the decision within 180 calendar days of the signed order
4. Submit a claim for payment within 60 calendar days from the date of the last completed service performed within the authorization period. The claim must include the Granted Decision and should be mailed to the following address:

**Denti-Cal Program
P. O. Box 13898
Sacramento, CA 95853
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